Utilization of allograft and autograft reconstruction has been utilized for many years for revision of failed Brostrum/Gould lateral ankle ligament reconstructions. Over the years, high demand athletes, patients with long term instability and underlying hyperlaxity have experienced suboptimal reconstruction with native Brostrum ligament reconstruction alone. Modifications of this procedure have been suggested with the Evan’s procedure, which is a non-anatomic procedure and can result in subtalar arthritis over the long term. Revision reconstructions such as the Chrisman-Snook procedure and Colville procedure have utilized part of the peroneus brevis tendon and maintained attachment of a portion of the stump of the peroneus brevis tendon. This also results in a non-anatomic ankle ligament reconstruction which can limit normal range of motion. The Brostrum/Gould ligament patients have frequently undergone an extended period of casting prior to starting physical therapy. This can result in delayed recovery. Anatomic ligament reconstructions with free allograft or autograft tendon have become more prevalent with the widespread acceptance of interference tenodesis anchor fixation at the origin of the calcaneofibular ligament and insertion of the anterior talofibular ligament. This anatomic ligament substitute reconstruction is combined with the Brostrum/Gould reconstruction to form a stable reconstruction that can successfully undergo functional rehabilitation starting at 10-14 days post-operatively. We will demonstrate results that show significant improvement in function post-operatively along with no incidence of recurrent ankle sprain post-operatively in a very demanding patient population.